

**Fill in this information to identify the case:**

Debtor name **Charlwell Operating LLC**

United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS**

Case number (if known) **20-10977-MSH**

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **Charlwell Operating LLC**

United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS**

Case number (if known) **20-10977-MSH**

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p><b>Internal Revenue Service</b>  <b>P. O. Box 7346</b>  <b>Philadelphia, PA 19114</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<b>\$0.00</b>	<b>\$0.00</b>
2.2	<p>Priority creditor's name and mailing address</p> <p><b>Massachusetts Department of Unemployment Assistance</b>  <b>Legal Dept. 1st FL - Attn: Chief Counsel</b>  <b>Boston, MA 02114-2502</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<b>\$0.00</b>	<b>\$0.00</b>

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2.3	Priority creditor's name and mailing address <b>Massachusetts Department of Revenue Bankruptcy Unit P. O. B0x 9564 Boston, MA 02115-9564</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>A. CHARPENTIER POWER SYSTEMS INC 30 Dunnell Lane Pawtucket, RI 02860</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$435.16</b>
3.2	Nonpriority creditor's name and mailing address <b>Accelerated Care Plus Leasing Inc. 13828 Collections Center Dr. Chicago, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,682.94</b>
3.3	Nonpriority creditor's name and mailing address <b>Access RN 1540 South Holland Sylvania Road Suite 101 Maumee, OH 43537</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$195.00</b>
3.4	Nonpriority creditor's name and mailing address <b>Air Duct Services 100 Messina Drive Unit U Braintree, MA 02184</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$435.16</b>
3.5	Nonpriority creditor's name and mailing address <b>Alice Richer 100 Williams St Wrentham, MA 02093</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,553.70</b>

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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Allbridge</b> <b>PO Box 99129</b> <b>Raleigh, NC 27624</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,847.47</b>
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3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Allscripts Healthcare, LLC</b> <b>24630 Network Place</b> <b>Chicago, IL 60673-1246</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,694.86</b>
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Allstate Medical</b> <b>34 35th Street</b> <b>Brooklyn, NY 11232</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,967.38</b>
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3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Alpha-Med</b> <b>15 America Ave Suite 208</b> <b>Lakewood, NJ 08701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$243.64</b>
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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Associated Elevator Companies</b> <b>583D Forest Rd.</b> <b>So. Yarmouth, MA 02664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$755.80</b>
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Boston Orthotics</b> <b>30 Robert W. Boyden Street</b> <b>Unit A 1100</b> <b>Taunton, MA 02780</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$270.00</b>
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Brewster Ambulance Services Inc</b> <b>25 Main Street</b> <b>Weymouth, MA 02188-2808</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$327.51</b>
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Briggs Healthcare</b> <b>4900 University Ave, Suite 200</b> <b>West Des Moines, IA 50266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83.62</b>
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Caretech</b> <b>1123 McDonald Avenue</b> <b>Brooklyn, NY 11230</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,412.86</b>
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>CAROL MATTHEWS</b> <b>1524 VICTORY HWY</b> <b>Coventry, RI 02816</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$185.11</b>
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Chuck Dee Entertainment</b> <b>P.O. Box 177</b> <b>Westport, MA 02790</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>ConnectRn, Inc.</b> <b>77 Studio Road</b> <b>Newton, MA 02466</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$290,979.27</b>
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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Crown Care Services INC</b> <b>PO Box 86</b> <b>Lakewood, NJ 08701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,449.62</b>
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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Culinary Depot</b> <b>2 Melnick Drive</b> <b>Monsey, NY 10952</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$56.65</b>
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Custom Scale</b> <b>34 Woodbine Dr.</b> <b>Plymouth, MA 02360</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$601.57</b>
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>CVR Computer Supplies</b> <b>621 Dahill Road</b> <b>Brooklyn, NY 11218</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$776.31</b>
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>De Lage Financial Services INC</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,248.04</b>
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Digital Office Concepts</b> <b>5824 11th Ave</b> <b>Brooklyn, NY 11219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$699.68</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Direct Supply</b> <b>P.O. Box 88201</b> <b>Milwaukee, WI 53288</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,938.62</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>DSSI</b> <b>6767 N. Industrial Road</b> <b>Milwaukee, WI 53223-5815</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47.70</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Ecolab</b> <b>PO Box 32027</b> <b>New York, NY 10087-2027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,068.98</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>EHS</b> <b>823 Pleasant St.</b> <b>Norwood, MA 02062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$884.98</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Encompass Group, LLC</b> <b>Dept 40254</b> <b>PO Box 740209</b> <b>Atlanta, GA 30374</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$392.71</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>EOHHSS</b> <b>600 Washington St</b> <b>7th Floor</b> <b>Boston, MA 02111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,930.94</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Evergreen</b> <b>PO Box 250</b> <b>Lawrence, NY 11559</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,286.03</b>
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Favorite Healthcare Staffing</b> <b>PO Box 803356</b> <b>Kansas City, MO 64180</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,643.82</b>
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Fire Systems Inc.</b> <b>955 Reed Road</b> <b>Dartmouth, MA 02747</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$422.44</b>
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>FRIECE ELECTRICAL SERVICE</b> <b>596C Providence Hwy</b> <b>Norwood, MA 02062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$631.14</b>
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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Garment Machinery Company</b> <b>22020 Reservoir Street</b> <b>Needham, MA 02494</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,678.16</b>
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3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Green Fun Events</b> <b>40 Revere St.</b> <b>Canton, MA 02021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$170.00</b>
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3.36	<b>Nonpriority creditor's name and mailing address</b> <b>H &amp; R Healthcare</b> <b>1750 Oak Street</b> <b>Lakewood, NJ 08701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,798.34</b>
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3.37	<b>Nonpriority creditor's name and mailing address</b> <b>HD Supply</b> <b>PO Box 509058</b> <b>San Diego, CA 92150-9058</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,145.63</b>
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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Healthcare Services Group Inc</b> <b>P.O. Box 829677</b> <b>Philadelphia, PA 19176-0219</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Hessco</b> <b>One Merchant Street</b> <b>Sharon, MA 02067</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$393.93</b>
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>HMM, CPAs LLP</b> <b>527 Townline Road Suite 203</b> <b>Hauppauge, NY 11788</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,461.65</b>
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Debtor	<b>Charlwell Operating LLC</b> <small>Name</small>	Case number (if known)	<b>20-10977-MSH</b>
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Home Depot Pro</b> <b>PO Box 415133</b> <b>Boston, MA 02205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,485.45</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Intelycare</b> <b>1515 Hancock Street</b> <b>Suite #203</b> <b>Quincy, MA 02169</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,541.17</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>IPC Healthcare</b> <b>P.O. Box 844929</b> <b>Los Angeles, CA 90084-7340</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,580.62</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Jeffrey A. Cohen &amp; Associates, LLC</b> <b>110 Cedar St.</b> <b>Wellesley, MA 02482-3744</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,135.20</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Jet Wave</b> <b>PO Box 50131</b> <b>Brooklyn, NY 11205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,089.83</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Joe Warren &amp; Sons Co. Inc.</b> <b>50 Kerry Place</b> <b>Norwood, MA 02062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,430.06</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Joerns Healthcare</b> <b>P.O. Box 714305</b> <b>Cincinnati, OH 45271</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,573.00</b>

Debtor	<b>Charlwell Operating LLC</b> <small>Name</small>	Case number (if known)	<b>20-10977-MSH</b>
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<b>3.48</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Joerns LLC</b> <b>2430 Whitehall Park Dr.</b> <b>Suite 100</b> <b>Charlotte, NC 28275</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Negative 298.43</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.49</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Jorene Lange</b> <b>186 Park Circle</b> <b>Attleboro, MA 02703</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85.00</b>
<b>3.50</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Keith Snow</b> <b>18 Ridge St</b> <b>Millis, MA 02054</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
<b>3.51</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Ken Kelley- Petty Cash</b> <b>305 Walpole Street</b> <b>Norwood, MA 02062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$194.68</b>
<b>3.52</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Landscape America</b> <b>840 Franklin St.</b> <b>Wrentham, MA 02093</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,044.04</b>
<b>3.53</b>	<b>Nonpriority creditor's name and mailing address</b> <b>LITURGICAL PUBLICATIONS</b> <b>4560 East 71 Streeet</b> <b>Cuyahoga Heights, OH 44105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,259.67</b>
<b>3.54</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Margolis and Bloom</b> <b>100 William St Suiite 220</b> <b>Wellesley, MA 02482-3744</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,120.82</b>

Debtor	<b>Charlwell Operating LLC</b> <small>Name</small>	Case number (if known)	<b>20-10977-MSH</b>
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<b>3.55</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Massachusetts Department of Revenue</b> <b>Bankruptcy Unit</b> <b>P. O. Box 9564</b> <b>Boston, MA 02115-9564</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.56</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Massachusetts Senior Care Association</b> <b>800 South Street, Suite 280</b> <b>Waltham, MA 02455</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,913.39</b>
<b>3.57</b>	<b>Nonpriority creditor's name and mailing address</b> <b>MassTex Imaging, LLC</b> <b>3 Electronics Ave</b> <b>Suite 201</b> <b>Danvers, MA 01923</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$446.96</b>
<b>3.58</b>	<b>Nonpriority creditor's name and mailing address</b> <b>MCKESSON</b> <b>PO BOX 204786</b> <b>Dallas, TX 75265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,509.11</b>
<b>3.59</b>	<b>Nonpriority creditor's name and mailing address</b> <b>McKesson Medical Surgical</b> <b>Lockbox 630693</b> <b>Cincinnati, OH 45271</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,747.28</b>
<b>3.60</b>	<b>Nonpriority creditor's name and mailing address</b> <b>MedaCure</b> <b>P.O. Box 347767</b> <b>Pittsburgh, PA 15250-7461</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,621.54</b>
<b>3.61</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Eye Care</b> <b>PO Box 6300</b> <b>Providence, RI 02909</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28.42</b>

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3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Medline Healthcare</b> <b>Box 382075</b> <b>Pittsburgh, PA 15250-7461</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Medline Industries, Inc.</b> <b>Po Box 382075</b> <b>Pittsburgh, PA 15250-7461</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Medline PPD Invoicing</b> <b>Po Box 382075</b> <b>Pittsburgh, PA 15250-7461</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$565.54</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Memic Indeminty Company</b> <b>PO Box 9500</b> <b>Lewiston, ME 04243-9472</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,645.86</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Mirick O' Connell</b> <b>100 Front St.</b> <b>Worcester, MA 01608</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,178.16</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>MOBILEX USA</b> <b>P.O. Box 17462</b> <b>Baltimore, MD 21297-0518</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$640.22</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>MOBILEX USA</b> <b>P.O. Box 17462</b> <b>Baltimore, MD 21297-0518</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,931.35</b>

Debtor	<b>Charlwell Operating LLC</b> <small>Name</small>	Case number (if known)	<b>20-10977-MSH</b>
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Modern Pest</b> <b>100 Pleasant St</b> <b>Brunswick, ME 04011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$276.00</b>
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3.70	<b>Nonpriority creditor's name and mailing address</b> <b>National Datacare Corp</b> <b>P.O. Box 222430</b> <b>Chantilly, VA 20153</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$189.00</b>
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3.71	<b>Nonpriority creditor's name and mailing address</b> <b>NEW ENGLAND FIRE PATROL INC</b> <b>117 Lancaster Street</b> <b>Quincy, MA 02169</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$310.77</b>
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3.72	<b>Nonpriority creditor's name and mailing address</b> <b>New Premier Management</b> <b>1413 38th Street</b> <b>Brooklyn, NY 11205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,787.75</b>
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3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Norwood Hospital</b> <b>800 Washington Street</b> <b>Norwood, MA 02062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$145.32</b>
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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Patterson Medical</b> <b>PO Box 93040</b> <b>Chicago, IL 60673-1246</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$330.58</b>
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3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Pharmerica</b> <b>P.O. Box 409251</b> <b>Atlanta, GA 30374-4204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$165,068.20</b>
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Debtor	<b>Charlwell Operating LLC</b> <small>Name</small>	Case number (if known)	<b>20-10977-MSH</b>
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<b>3.76</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Pharmscript, LLC</b> <b>150 Pierce St</b> <b>Somerset, NJ 08875</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.77</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Phonamations</b> <b>186 Columbus Ave. S.</b> <b>Lakewood, NJ 08701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$270.00</b>
<b>3.78</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes Lease</b> <b>PO Box 371887</b> <b>Pittsburgh, PA 15250-7461</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$256.16</b>
<b>3.79</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes Purchase Power</b> <b>P. O. Box 371874</b> <b>Pittsburgh, PA 15250-7461</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22.25</b>
<b>3.80</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Point Click Care</b> <b>PO Box 674802</b> <b>Detroit, MI 48267-4802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.81</b>	<b>Nonpriority creditor's name and mailing address</b> <b>PointRight, Inc.</b> <b>Department 5290</b> <b>P.O. Box 4110</b> <b>Woburn, MA 01801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,748.37</b>
<b>3.82</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Prime Care Technologies Inc.</b> <b>6650 Sugarloaf Parkway, Suite 400</b> <b>Duluth, GA 30097</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$951.14</b>

Debtor	<b>Charlwell Operating LLC</b> <small>Name</small>	Case number (if known)	<b>20-10977-MSH</b>
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<b>3.83</b>	<b>Nonpriority creditor's name and mailing address</b> <b>READY REFRESH</b> <b>PO BOX 856192</b> <b>Louisville, KY 40290-1013</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$802.37</b>
<b>3.84</b>	<b>Nonpriority creditor's name and mailing address</b> <b>ReliaTech Network Solutions</b> <b>3009 Avenue K</b> <b>Brooklyn, NY 11205</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$847.52</b>
<b>3.85</b>	<b>Nonpriority creditor's name and mailing address</b> <b>SANBORN GLASS</b> <b>242 Pleasant St</b> <b>Norwood, MA 02062</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.86</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Sapphire Background Check</b> <b>4714 Ft. Hamilton Pkwy</b> <b>Brooklyn, NY 11205</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$162.50</b>
<b>3.87</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Savitha Gowda, MD</b> <b>95 Chapel Street</b> <b>Norwood, MA 02062</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,912.15</b>
<b>3.88</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Serene Health Services</b> <b>150 Blueridge Dr.</b> <b>Waterbury, CT 06704</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,603.04</b>
<b>3.89</b>	<b>Nonpriority creditor's name and mailing address</b> <b>SHERWINWILLIAMS Charlwell</b> <b>403 HIGH PLAIN ST</b> <b>Walpole, MA 02081</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$216.00</b>

Debtor	<b>Charlwell Operating LLC</b> <small>Name</small>	Case number (if known)	<b>20-10977-MSH</b>
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<b>3.90</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Sky Credit</b> <b>PO Box 1575 ?Lockbox #207</b> <b>Minneapolis, MN 55369</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$514.56</b>
<b>3.91</b>	<b>Nonpriority creditor's name and mailing address</b> <b>SOUTHCOAST</b> <b>PO BOX 415022</b> <b>Boston, MA 02241</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.92</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Stephen Leivi</b> <b>182 Sprague Street</b> <b>Dedham, MA 02026</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
<b>3.93</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Stericycle, Inc.</b> <b>P.O. Box 6582</b> <b>Carol Stream, IL 60197-5006</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$452.13</b>
<b>3.94</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Supply Line Medical</b> <b>1750 Cedarbridge Ave. Suite 4</b> <b>Lakewood, NJ 08701</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$697.63</b>
<b>3.95</b>	<b>Nonpriority creditor's name and mailing address</b> <b>SUPPORT MEDICAL SYSTEMS, INC</b> <b>593 Airport Road</b> <b>Fall River, MA 02720</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,305.55</b>
<b>3.96</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Surgi-Care</b> <b>PO Box 552249</b> <b>Waltham, MA 02455</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.78</b>



Debtor	<b>Charlwell Operating LLC</b> <small>Name</small>	Case number (if known)	<b>20-10977-MSH</b>
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3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Ted's Power Music</b> <b>P. O. Box 409</b> <b>Natick, MA 01760</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Tender Touch Rehab Services LLC</b> <b>685 River Ave</b> <b>Lakewood, NJ 08701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$307,062.52</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Theodore Hardgrove, MSW, LICSW</b> <b>174 Woodward Rd.</b> <b>Providence, RI 02904</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$359.22</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Theodore Hardgrove, MSW, LICSW</b> <b>174 Woodward Rd.</b> <b>Providence, RI 02904</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$960.00</b>
3.101	<b>Nonpriority creditor's name and mailing address</b> <b>TwinMed</b> <b>PO Box 847340</b> <b>Los Angeles, CA 90084-7340</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,585.78</b>
3.102	<b>Nonpriority creditor's name and mailing address</b> <b>US LAB &amp; RADIOLOGY INC</b> <b>PO Box 536590</b> <b>Suite 102</b> <b>Pittsburgh, PA 15250-7461</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,960.73</b>
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Valmar Surgical</b> <b>1771 Madison Ave Ste 7</b> <b>Lakewood, NJ 08701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.49</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor Charlwell Operating LLC Case number (if known) 20-10977-MSH  
Name

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 1,081,322.30
5c.	\$ 1,081,322.30

Fill in this information to identify the case:

Debtor name Charlwell Operating LLC

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) 20-10977-MSH

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 13, 2020

X /s/ Craig R. Jalbert

Signature of individual signing on behalf of debtor

Craig R. Jalbert

Printed name

Manager

Position or relationship to debtor